

Mr. Gordon Phillips

# Heathvale House

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected Heathvale House on 11 June 2015. The inspection was unannounced. Heathvale House is a care home for people experiencing mental health difficulties.

A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The CQC was in the process of considering an application from the manager to be registered as the registered manager.

People told us they were safe. This was also the view of their relatives. Care was planned and delivered to ensure people were protected against abuse and avoidable harm.

There was a sufficient number of suitable staff to keep people safe and meet their needs during the day but we found there was insufficient staff during the night. Since our inspection we have received confirmation that a further member of staff has been employed to work during the night and that this staff member is required to remain awake.

# Summary of findings

People's medicines were appropriately managed so they received them safely. Staff understood their responsibilities in relation to infection control. People were protected from the risk and spread of infection because staff followed the procedures in place. The home was clean and well maintained.

People were satisfied with the quality of care they received. People were cared for by staff who had the necessary experience and knowledge to support them to have a good quality of life. Staff knew how to deal with each person's behaviour that challenged others. Staff knew people's routines and preferences and understood what was important to them. They also knew how to recognise the signs that a person's mental health was deteriorating.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how it applied to people in their care.

Staff knew what constituted a balanced diet. Staff supported people to do their shopping and to prepare nutritious, well balanced meals. People had enough to eat and drink. People received the help they needed to maintain good health and had access to a variety of healthcare professionals.

Staff enjoyed working with the people in their care. People were treated with respect, compassion and kindness. It was clear that people's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care including what they ate and how they spent their time day-to-day. People were supported to express their views and give feedback on the care they received.

There were procedures in place to regularly check and monitor the quality of care people received which were consistently applied by staff.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were safe.

There was not a sufficient number of staff at night to safely meet people's needs in all circumstances at the time of our inspection. Since our inspection an additional member of staff has been employed.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. Risks to individuals were assessed and managed. Medicines were effectively managed and people received their medicines safely.

Staff were recruited using a thorough recruitment procedure. Staff followed procedures which helped to protect people from the risk and spread of infection. All areas of the home were clean and well maintained.

Requires improvement



### Is the service effective?

The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively.

People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Good



### Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs. People were supported to follow their interests and spend their time as they chose to.

The service obtained people's views on the care they received in a variety of ways and dealt with people's concerns appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a clear management structure in place at the home which people living in the home and staff understood. Staff knew their roles and accountabilities within the structure.

There were systems in place to monitor and assess the quality of care people received. People's care and medical records were up to date and securely stored. Staff and other records relating to the management of the service were well organised and promptly located when requested.

Good



# Heathvale House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector who visited Heathvale House on 11 June 2015. At the time of our inspection there were seven people living in the home.

As part of the inspection we reviewed all the information we held about the service. This included routine

notifications received from the provider and the previous inspection report. Heathvale House had previously been inspected in November 2013 and was found to meeting all the regulations we inspected.

During the inspection we spoke with three people living at Heathvale House and two of their relatives. We spoke with four staff members and with two people's social workers.

We looked at four people's care files and four staff files which included their recruitment and training records. We looked at the service's policies and procedures. We spoke with the manager about how the service was managed and the systems in place to monitor the quality of care people received.

# Is the service safe?

## Our findings

People were protected from abuse because there were systems in place to minimise the risk of people being abused which staff were familiar with. People told us they felt safe and knew what to do if they did not. One person told us, "I feel safer here than any other place I've been. If I didn't feel safe I'd tell my community psychiatric nurse (CPN)." Another person told us, "I'm safe here. I would tell the manager if I wasn't."

We saw information in the communal areas which gave people details of who to contact if they were concerned about their safety. The service had clear and detailed policies and procedures in place to guide staff on how to protect people from abuse. Staff had been trained in safeguarding adults. The staff members we spoke with demonstrated good knowledge on how to recognise abuse and how to report any concerns. All the staff we spoke with told us they would follow the whistle-blowing procedure if appropriate. One staff member told us, "I wouldn't think twice about blowing the whistle if someone wasn't being treated properly." Appropriate steps were taken by staff when abuse was suspected.

Arrangements were in place to protect people from avoidable harm. Records showed that risks to people had been assessed when they first moved in to the home and reviewed regularly thereafter. The risk assessments were detailed and personalised. Care plans gave staff detailed information on how to manage identified risks and keep people safe. This covered such issues as how to deal with behaviour that challenges, as well as risks associated with specific tasks such as the risk of choking when eating. Records confirmed staff delivered care in accordance with people's care plans. Staff had been trained in health and safety and emergency first aid. They knew what to do in the event of a medical or other emergency.

We were concerned that there were not enough staff working in the home at night to keep people safe. During the day two staff members and the manager supported people, but at night there was only one staff member. People told us, "There is always somebody here" and "I think there are enough staff but it's all men here and most of the staff are women. I'm not sure what will happen if someone really kicks off". Staff commented, "There are sometimes just two of us during the day because the

manager is out and at night just one person. I don't think it's safe for them or us" "I don't think it's safe to have just one person working at night" and "During the day staffing is ok but not at night".

We raised this with the manager who confirmed that during the day they and two other staff members worked at the home and that at night one member of staff worked at the home alone. They told us that two more people were expected to move in to the home and that before they did, another member of staff would be employed to work at night and another in the week during the day. There were procedures in place to deal with emergencies. Since our inspection we have received confirmation that a further member of staff has been employed to work during the night and that this staff member is required to remain awake.

People were cared for by staff who had been recruited through an effective recruitment procedure which was consistently applied by staff. Staff were only recruited after an interview, receipt of satisfactory references and other checks had been carried out. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff were required to complete medicines administration record charts. The records we reviewed were fully completed.

Staff had access to detailed information on all the medicines people were taking and were able to talk knowledgeably about people's medicines, the side effects and interactions with other medicines. People knew what medicines they were taking and what they were for. People told us they were supported to take their medicines when they were due and at the correct dosage.

People were protected against the risk and spread of infection because staff had been trained in infection control and followed the service's infection control policy. Staff spoke knowledgeably about how to minimise the risk of infection and were aware of their individual roles and

## Is the service safe?

responsibility in relation to infection control and hygiene. All areas of the home were clean. People told us they were satisfied with the standard of cleanliness throughout the home.

The home was of a suitable layout and design for the people living there. The home was well decorated. The home and garden were well maintained. The utilities were regularly tested and serviced.

# Is the service effective?

## Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People living in the home commented, “The staff here are good” and “I think they are all experienced”.

The provider adequately supported staff to enable them to meet the needs of people living in the home. Before staff began to work with people they had an induction during which they were introduced to people living in the home. They were also made aware of the main policies and procedures of the home. Although there was a period in 2014 when staff had not received regular supervision, records indicated that in 2015 staff had received regular supervision and performance reviews. During supervision meetings staff had the opportunity to discuss the needs of people living in the home and any issues affecting their role. Staff performance was reviewed annually and their training needs were identified.

Staff had received recent training in the areas relevant to their roles such as food hygiene, infection control and managing challenging behaviour. The manager observed staff interaction with people to check that staff understood their training and knew how to apply it in practice. Staff were encouraged and supported to obtain further qualifications. This minimised the risk of people receiving care that was inappropriate or unsafe.

People and their relatives told us, and we observed that people were asked for their consent before care and support was delivered. One person told us, “The staff ask me before they do anything I need help with.”

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The manager and some staff

had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care.

Records confirmed that people’s capacity to make decisions was assessed before they moved into the home and regularly thereafter. The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held.

DoLS requires providers to submit applications to a “Supervisory Body” if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. One application had been made to a supervisory body.

People’s nutritional needs were assessed and where appropriate nutritional specialists were involved in their care planning. People chose what they wanted to eat and were supported to prepare their own meals or had their meals prepared for them by staff. Staff encouraged people to eat nutritious meals and supported them to have a balanced diet. People told us they had sufficient to eat and drink and that they were satisfied with the quality of food they received. One person told us, “I eat what I want but the staff try to get me to eat fruit and vegetables.”

Staff supported people to maintain good health. People were registered with a GP and were offered annual health checks. Staff supported people to attend appointments with their psychiatrist, hospital consultants or other healthcare professionals. Records demonstrated that when people faced new health issues, referrals were made to the relevant health service without delay. Staff were in regular contact with people’s psychiatrists, CPN and care managers.



# Is the service caring?

## Our findings

People told us the staff were kind and caring and treated them with respect. People's comments included, "They are really nice here. They are always respectful", "The staff are nice to me" and "They're good".

The atmosphere in the home was calm and relaxed. We observed that staff and people were at ease with each other. Staff spoke to people in a kind and caring manner, and people were treated with respect. Conversations between people and staff were not only about their care, but also about their plans and what they were doing at the time.

Staff understood how to respect people's privacy, dignity and choices. People told us staff respected their privacy. One person told us, "They respect my space but they're there if I need them." Care plans clearly stated whether people needed to be prompted or assisted. The manager told us that a core value of the service was enablement. This was demonstrated in the way staff encouraged and supported people to do their own shopping and contribute to household cleaning and infection control within the home.

People were involved in their needs assessments and were actively involved in making decisions about their care. One person told us, "They talk to me about what is happening." People living at the home were very independent and organised their own daily routine so they could do the things they wanted to do.

There was continuity of care. People were usually supported by the same team of staff who were familiar to them and covered for each other during periods of absence. Staff knew the people they supported well. They knew their routines, personal histories, important relationships and health diagnosis. One person told us, "They all know what I'm like and they don't judge me." Staff enjoyed caring for people. One staff member told us, "I love my job." Another staff member told us, "I like working here because of the people."

There were arrangements in place which enabled people to express their views. People had many opportunities to raise issues about their care such as, during monthly residents meetings and care plan reviews. People felt able to approach the staff or manager at any time to discuss their care. Staff made people aware of advocacy services. These are services which speak up on their behalf. One person had an advocate.

# Is the service responsive?

## Our findings

People were satisfied with the care and support they received. Comments included, “I like living here”, “I’m happy here. Staff always listen to me and speak to me nicely” and “I do what I want. I ask for their help if I need it and they help me.” A relative commented, “[The person] seems quite content and settled there.”

People told us they were involved in the care planning process. People’s needs were assessed before they began to use the service and reviewed regularly thereafter. People’s assessments considered their independent living skills development as well as their dietary, social, personal care and health needs. People’s specific needs and preferences were taken into account in how their care was planned. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people’s individual needs.

Staff worked sufficiently flexibly so that where there was a change in a person’s circumstances, they were able to meet their needs. Where for example, specialist treatment was required, referrals were made without delay. A care manager told us, “The staff are very responsive. Any issues and they contact immediately.”

Care was delivered in accordance with people’s care plans. People told us they received personalised care that met their needs and we saw many instances of this. For example, where a person’s mobility had deteriorated staff promptly arranged mobility aids to enable the person to continue going out into the community. Staff had received specialist training to meet the particular care needs of people living in the home such as, epilepsy training and dealing with behaviour that challenged others.

People were supported to follow their interests and spend their time day-to-day in the way they preferred. People had individual activity schedules which combined group activities within the home and activities they had chosen to participate in outside the home. One person was keen to increase their income and was being supported to find work. One person commented, “I enjoy baking cakes and do it every Friday. I also like painting and arts and crafts. They proudly showed us a selection of paintings on display which they and other people living in the home had created.

People and their relatives had regular opportunities to give their views on the care they received. These included surveys as well as regular residents’ meetings. People told us they attended these meetings and records indicated that a variety of issues were discussed such as, the activities they wished to attend, planned maintenance and how they could contribute to controlling the risk and spread of infection within the home. There was also a keyworker system in operation which enabled people to raise any issues with a member of staff they knew well. People knew who their keyworkers were.

The service gave people information on how to make a complaint when they first moved into the home. There was information in an easy read format in the hallway which gave people details of how to make a complaint. People told us they knew how to make a complaint and would do so if the need arose. One person who had made a complaint told us it was dealt with promptly and to their satisfaction.

# Is the service well-led?

## Our findings

The manager was in the process of applying to the CQC to become the registered manager. The manager had worked in adult social care for many years and understood what was necessary for people to experience good quality care.

People living in the home and staff told us the manager was approachable and accessible. One person using the service told us, “The manager is in and out but always has time for a chat if you want one.” People living in the home said that it was well organised and well run.

Staff felt supported by the management. A staff member commented, “The manager is good and supports us.” We observed that staff and management worked well as a team. Staff knew their individual roles and responsibilities and the service’s main policies and procedures.

Staff knew who to report any incidents, concerns or complaints to within the management team. They were confident they could pass on any concerns and that they would be dealt with. There were clear lines of accountability in the management structure. The manager had regular discussions regarding incidents and issues affecting people living in the home and staff, and how the organisation of the home could be improved.

People’s care and medical records were fully completed, up to date and securely stored to protect people’s

confidentiality. All the records relating to people, staff and management of the home as well as the policies and procedures we requested were promptly located and well organised.

There were comprehensive systems in place in such areas as, accepting new people into the home, staff unexpectedly not arriving for work and changes in people’s medicines. Records demonstrated that staff adhered to these systems which contributed to people receiving a consistent quality of care.

There were systems in place to regularly assess and monitor the quality of care people received. These included obtaining people’s feedback, regular audits of people’s daily care records and medicine administration records and the manager observing staff interact with people. Where internal audits identified areas for improvement, action was taken to make those improvements. For example, where an infection control audit of the kitchen identified that the daily cleaning schedule was not always being followed, this was raised with staff and closely monitored.

The manager had plans for developing and improving the service and the quality of care people received. These included extending the training available to staff and involving people more in making decisions about the running of the home.